



Academic Dismissal Appeal Petition

Last Name: _____ First Name: _____ Student ID: 98-_____

Student Email: _____ Phone Number: _____

Please check appropriate boxes below:

I have **DOCUMENTED** extenuating circumstances in one or more of the following semesters of Academic Probation. (Please attach supporting Documentation)

Yes No

1st Semester _____

2nd Semester _____

3rd Semester _____

Additional Comments: (Please use separate sheet of paper, if necessary)

(Bottom Portion to be filled out by Vice President of Student Services)

____ Need Appointment with Vice President ____ Need More Documentation: ____ Denied

____ Granted with the following conditions:

- () Meet counselor regularly-discuss any personal issues that may arise so that an SEP can be developed to maintain balance in your school, personal, and/or work needs. (Recommend: _____)
- () You are to utilize the other support services provided by the Tutor Center. I recommend at least 3 hours of tutoring per week. Contact the Tutor Center at 954-5542 to set up a schedule.
- () You are to utilize the other support services within the College such as academic labs, the Library, study groups, etc.
- () Establish as your primary goal to remove yourself from probation.
- () Main grades of C, Credit, or better and complete at least 50% of all courses attempted for the next semester.
- () Other: _____

Director of Admissions & Records Signature

Date